Application or	Docket	Numbe
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)					nn 2)					OTHER THAN	
FOR NUM		NUMBER		NUMBER E		RATE	FEE	<u>Г</u>	RATE	FEE	
BASIC FEE				345.00	OR	1	690.00				
TOTAL CLAIMS / minus 20= *			X\$ 9=		OR	X\$18=					
INDEPENDENT CLAIMS / minus 3 = * /				X39=		OR	X78=	78			
MULTIPLE DEPENDENT CLAIM PRESENT				+130=		OR	+260=				
* If the difference in column 1 is less than zero, enter "0" in column 2				olumn 2	TOTAL		OR	TOTAL	71.8		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)	SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A	REI	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total •	7	Minus •	. 10	=	X\$ 9=		OR	X\$18=		
	Independent •	7/	iviii ido	4	=	X39=		OR	X78=		
	FIRST PRESENTAT	ION OF MU	LTIPLE DEPE	NDENT CLAIM		+130=	-	OR	+260=		
	•					TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
l	· (Co	olumn 1)		(Column 2)	(Column 3)	ADDIT. I EL I					
AMENDMENT B	RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total +		Minus	**	=	X\$ 9=	-	OR	X\$18=		
ME	Independent +		11111100	***	=	X39=		OR	X78=		
F	FIRST PRESENTAT	ION OF MU	ILTIPLE DEPE	NDENT CLAIM		+130=		OR	+260=		
						TOTAL		OB	TOTAL ADDIT. FEE		
	(C	olumn 1)		(Column 2)	(Column 3)	ADDIT. FEE			ADDII. FEE		
V										ADDI-	
EN	RE	CLAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
NDMENT	RE	CLAIMS MAINING AFTER		NUMBER PREVIOUSLY		RATE X\$ 9=	TIONAL	OR	RATE X\$18=	TIONAL	
AMENDMENT	AM Total Independent	CLAIMS EMAINING AFTER ENDMENT	Minus Minus	NUMBER PREVIOUSLY PAID FOR	EXTRA =		TIONAL	i		TIONAL	
AMENDMENT	RE	CLAIMS EMAINING AFTER ENDMENT	Minus Minus	NUMBER PREVIOUSLY PAID FOR	EXTRA =	X\$ 9= X39=	TIONAL	OR	X\$18= X78=	TIONAL	
AMENDMENT	AM Total Independent	CLAIMS EMAINING AFTER ENDMENT FION OF MU	Minus Minus JLTIPLE DEPE	NUMBER PREVIOUSLY PAID FOR ** *** *** *** **DENT CLAIM n 2, write "0" in cc	EXTRA =	X\$ 9=	TIONAL	i	X\$18=	TIONAL FEE	